HEDIS SPECIFICATION OVERVIEW 2018

STAR METRIC	CRITERIA	COMPLIANCE ATTRIBUTION
Adult BMI Assessment (ABA) ★ **Eligible (denominator)** Members age 18-74 with an outpatient visit during the measurement year or year prior to the measurement year **Compliant (numerator)** Body Mass Index (BMI) during the measurement year or year prior as documented through either administrative data or medical record review	• Members 20 years and older, BMI and weight documented in the medical record in the measurement year or year prior • Members younger than 20 years, BMI percentile, height, and weight documented in the medical record in the measurement year or year prior • The weight and BMI or BMI percentile must come from the same source **Exclude:** Female Members with a diagnosis of pregnancy during the measure year or year prior.	**To identify BMI (Adult):** **ICD-9CM:** V85.0, V85.1, V85.21-V85.25, V85.30-V85.39, V85.41-V85.45 **ICD-10CM:** Z68.1-Z68.45 **To identify BMI (Pediatric):** **ICD-9CM:** V85.51-V85.54 **ICD-10CM:** Z68.51-Z68.54 **Numerator Sources – claims, 360 OSCR, Lumeris P4Q, hybrid review*
Breast Cancer Screening (BCS) **Eligible (denominator)** Female members age 52-74 **Compliant (numerator)** Mammogram completed any time on or between October 1st, two years prior to the measurement year, and December 31 of the measurement year	• Mammogram or digital breast tomosynthesis during the measure year or year prior. • Biopsies, breast ultrasounds, or MRIs are not included for this measure. **Exclude:** Members with a history or bilateral mastectomy or two unilateral mastectomies.	**To identify Mammogram:** **CPT:** CPT 77061-77063, 77065-77067, 77055-77057; HCPS: G0202 **ICD-9-PCS:** 87.36, 87.37 **UBREV:** 0403 **To identify Double Mastectomy Exclusion:** Appropriate coding for bilateral or two unilateral mastectomies must be received **Numerator Sources – claims, 360 OSCR, Lumeris P4Q*
Colorectal Cancer Screening (COL) ★ **Eligible (denominator)** Members age 51-75 **Compliant (numerator)** Appropriate screening for colorectal cancer completed	**One or more of the following screenings:** • FOBT during measure year • Flexible sigmoidoscopy in measure year or prior 4 years • Colonoscopy in measure year or prior 9 years • Stool DNA FIT in measure year or prior 2 years • CT colonography in measure year or prior 4 years **Exclude:** Members with a history of colorectal cancer or total colectomy.	**To identify FOBT:** **CPT:** 82270, 82274; **HCPCS:** G0328; **LOINC:** 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 **To identify Flexible Sigmoidoscopy:** **CPT:** 45330-45335, 45337-45342, 45345-45347, 45349, 45350; **HCPCS:** G0104; **ICD9PCS:** 45.24 **To identify Colonoscopy: CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398; **HCPCS:** G0105, G0121; **ICD9PCS:** 45.22, 45.23, 45.25, 45.42, 45.43 **To identify Stool DNA FIT: CPT:** 81528; **LOINC:** 77353-1, 77354-9 **To identify CT Colonography: CPT:** 74261, 74262, 74263 **Numerator Sources – claims, 360 OSCR, Lumeris P4Q, hybrid review*
Comprehensive Diabetes Care (CDC) ★ **Eligible (denominator)** Members age 18-75 with type I or type II diabetes defined as: • Diagnosis or dispensed prescription in the measure year or year prior • 2 outpatient, obs, ED, or non-acute inpatient visits on different dates of service (DOS) • **OR** 1 acute inpatient encounter • **OR** 1 dispensed prescription for insulin or hypoglycemic/antihyperglycemics **Compliant (numerator)** who received the following during the measurement year: • HbA1c screen with controlled result <9 ❸ • Retinal eye exam • Medical Attention for Nephropathy	**HbA1c screen with result <9: ❸** • Most recent lab value during the year will be representative value • Members without screening are considered non-compliant **Eye Exam (DRE):** • Retinal exam during the year or negative exam during the year prior • Eye exam must be completed by eye care provider **NOTE**: Any provider type may complete retinal exam using retinal scanner. Results must be interpreted by an eye care provider. Provider should bill one of the following CPT codes: 92250, 92227, or 92228; along with one of the following CPT II codes: 2022F, 2024F, or 2026F. • Any provider can submit retinopathy status using CPT II 3072F in the year following eye exam to indicate "no retinopathy" **Attention for Nephropathy:** • Urine test for protein or albumin • Dispensed ACE/ARB medication • Documentation of visit to Nephrologist • Documentation of renal transplant • Documentation of medical attention for: ESRD, diabetic nephropathy, CRF, CKD, ARF, renal insufficiency, proteinuria, albuminuria, renal dysfunction, dialysis **Exclude:** Members who did not have a diagnosis of diabetes in the measure year or year prior, and who had a diagnosis of gestational or steroid-induced diabetes.	**To identify HbA1c Screening and Value:** **CPT:** 83036, 83037 **CPT II:** (7.0-9.0 use 3045F),(>9 use 3046F),(< 7 use 3044F) **LOINC:** 17856-6, 4548-4, 4549-2 **To identify Kidney Function Test**: **CPT:** 81000-81003, 81005, 82042-82044, 84156; **CPT II:** 3060F-3062F, 3066F, 4010F; **LOINC examples (all codes are not listed):** 11218-5, 13986-5, 12842-1, 13705-9, 13801-6, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 300001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43607-1, 44292-1, 47558-2, 49023-5, 50561-0, 50949-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 76401-9, 77253-3, 77254-1, 9318-7 **To identify Diabetic Retinal Screening:** **CPT:** 67028, 67030, 67031, 67036, 67039, 67040 -67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225- 92228, 92230, 92235, 92240, 92250, 92260, 99203- 99205, 99213-99215, 99242, 99243-99245 **Retinal Screening Completed by Eye Care Provider:** **HCPCS:** S0620, S0621, S3000 **CPT II:** 3072F, 2022F, 2024F, 2026F **Numerator Sources – claims, 360 OSCR, Lumeris P4Q, hybrid review*

KEY: ★ Denotes HEDIS hybrid Medical Record Review (MRR) measure ❸ Indicates triple weight measure **NOTE:** Hospice is an exclusion for all measures **Revised October 2017**

STAR METRIC	CRITERIA	COMPLIANCE ATTRIBUTION
Rheumatoid Arthritis Management (ART) **Eligible (denominator)** Members 18 and older with Rheumatoid Arthritis defined as: • 2 or more diagnoses of RA on 2 different dates of service during the measure year. **Compliant (numerator)** Members who had one or more dispensed prescriptions for a disease modifying anti-rheumatic drug (DMARD) during the measure year	• Members who had at least one ambulatory prescription dispensed for a DMARD during the measure year • Members identified by claim/encounter or pharmacy data **Exclude:** Members with a diagnosis of HIV any time during the member's history, or female members with a diagnosis of pregnancy.	**To identify Rheumatoid Arthritis Diagnosis**: **ICD-9CM:** 714.0, 714.1, 714.2, 714.81 **ICD-10CM:** • RA Dx codes from categories M05 and M06 • Please code to highest specificity • For a complete code set, contact the Cigna-HealthSpring Stars Clinical Operations team, or your CHS representative **Numerator Sources – claims, 360 OSCR*
Care for Older Adults (COA) ★ **Eligible (denominator)** Special Needs Plan (SNP) members 66 and older **Compliant (numerator)** Members who have had the following during the measure year: • Functional Status Assessment • Medication Review • Pain Assessment	• **Functional Status Assessment (FSA):** Documentation of at least 5 ADL's, 4 IADL's, completion of a standardized FSA tool, or notation of at least 3 of the following 4 components: Cognitive Status, Ambulation Status, Sensory Ability (hearing, vision and speech) and one other functional independence • **Medication Review:** Notation member is not on any meds or med list in medical record, along with evidence of medication review conducted by clinical pharmacist or prescribing practitioner • **Pain Assessment:** Documentation that patient was assessed for pain during the measure year	**To identify Functional Status Assessment:** **CPT II:** 1170F **To identify Medication Review and List:** NOTE: Med Review code and List code must appear on the same claim to meet measure specifications **CPT (Med Review):** 1160F, 90863, 99605, 99606 **CPT II (Med List):** 1159F or G8427 **To identify Pain Assessment:** **CPT II:** 1125F, 1126F **Numerator Sources – claims, 360 OSCR, Lumeris P4Q, hybrid review*
Controlling High Blood Pressure (CBP) ❸ ★ **Eligible (denominator)** Members age 18-85 who had a diagnosis of hypertension in the first 6 months of the measure year **Compliant (numerator)** Final BP reading of the year is within control range defined as: • 18-59 years old - <140/90 (Goal <139/89) • 60-85 years old with diabetes - <140/90 (Goal < 139/89) • 60-85 years old without diabetes - <150/90 (Goal <149/89)	• Identify the most recent BP reading noted during the measure year • The reading must occur after the date when the diagnosis of hypertension was confirmed • Multiple readings can be documented for the same DOS, with lowest systolic and diastolic from different readings combined as representative BP • Do not count member reported BP's, BP taken during an ED or inpatient visit, or obtained the same day as an outpatient visit where a diagnostic test or surgical procedure was performed **Exclude:** Members with evidence of ESRD, kidney transplant, dialysis, diagnosis of pregnancy during the measure year or non-acute inpatient admission during the measure year.	**To identify Hypertension:** **ICD-10CM:** I10 **Numerator Sources – Official plan rate from HEDIS hybrid Medical Record Review Project.* **NOTE:** BP can be submitted via claims CPT II codes and P4Q data entry. Cigna-HealthSpring will reflect those values on physician quality reports, however official HEDIS measure rates are reported from HEDIS MRR only.
Osteoporosis Fracture Management (OMW) **Eligible (denominator)** Female members 67-85 who had a fracture during the intake period (July 1 of year prior to June 30 of measure year) **Compliant (numerator)** Bone mineral density (BMD) test or dispensed prescription to treat osteoporosis within 180 days or 6 months post fracture.	• BMD completed on date of fracture or 180 day (6 mo.) period after • Dispensed prescription to treat osteoporosis on date of fracture or 180 day (6 mo.) period after • Fractures of finger, toe, face, and skull not included **Exclude:** Members who had a BMD test within 730 days (24 mo.) prior to fracture, and members with active prescription for osteoporosis within the 365 days or (12 mo.) prior to fracture.	**To identify BMD test:** **CPT:** 76977, 77078, 77080-77082, 77085, 77086 **HCPCS:** G0130 **ICD-9PCS:** 88.98 **ICD-10PCS:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 **Numerator Sources – claims, 360 OSCR, Lumeris P4Q*
Medication Reconciliation Post-Discharge (MRP) ★ **Eligible (denominator)** Members 18 years and older who had an acute or non-acute inpatient discharge on or between January 1 and December 1 of the measure year **Compliant (numerator)** Medication reconciliation conducted by prescribing practitioner, clinical pharmacist, or registered nurse on the date of discharge through 30 days after discharge	• Documentation of current meds with notation that discharge meds were reviewed • Documentation of current med list, and discharge med list, and that both were reviewed on same date • Documentation of current med list with evidence that member was seen for discharge follow up and evidence of med review • Documentation in discharge summary that discharge meds were reconciled with current meds and that summary was filed in chart within 30 days of discharge • Note that no meds were ordered upon discharge	**To identify Medication Reconciliation:** **CPT:** 99495, 99496 **CPT II:** 1111F **Numerator Sources – claims, Numerator Sources-claims, Lumeris P4Q, hybrid review*

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